# **APPLICATION DATA SHEET**

#### **APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Title:: Protection Barrier System

Attorney Docket Number:: 28520.02

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 17

Total Drawing Sheets:: 14

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

#### APPLICANT INFORMATION

Applicant Authority Type:: Inventor

**Primary Citizenship** 

Country:: US

Status:: Full Capacity

Given Name:: Richard G.

Family Name:: McColl

Name Suffix::

City of Residence:: Knoxville

State or Province of Residence:: TN

Country of Residence:: US

Street of mailing address:: 11408 Hickory Springs Dr.

City of mailing address:: Knoxville

State or Province of mailing address:: TN

Country of mailing address::

Postal or Zip Code of mailing address:: 37932-3113

Applicant Authority Type:: Inventor

**Primary Citizenship** 

Country:: US

Status:: Full Capacity

Given Name:: C. Reed

Family Name:: Davis

Name Suffix::

City of Residence:: Knoxville

State or Province of Residence:: TN

Country of Residence:: US

Street of mailing address:: 217 Boring Lane

City of mailing address:: Knoxville

State or Province of mailing address:: TN

Country of mailing address::

Postal or Zip Code of mailing address:: 37922

# **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 22465

Phone number:: 865-584-0105

Fax Number:: 865-584-0104

E-Mail address:: jkgreer@pitts-brittian.com

#### REPRESENTATIVE INFORMATION

| Representative Customer Number:: | 22465 |  |
|----------------------------------|-------|--|
|                                  |       |  |

# **DOMESTIC PRIORITY INFORMATION**

| Application::    | Continuity Type::       | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------------|----------------------|----------------------|
| This application | Continuation-in-part of | 10/339/237           | 01/09/2003           |
|                  |                         |                      |                      |

# FOREIGN PRIORITY INFORMATION

| try:: Application number | r:: Filing Date:: | Priority Claimed:: |
|--------------------------|-------------------|--------------------|
|--------------------------|-------------------|--------------------|

# **ASSIGNMENT INFORMATION**

Assignee name:: Safety Barriers, Inc.

Street of mailing address:: 10440 Lexington Dr

PO Box 22517

City of mailing address:: Knoxville

State or Province of mailing address:: TN

Country of mailing address::

Postal or Zip Code of mailing address:: 37933